



Destiny Rezendes @dezzie_rezzie

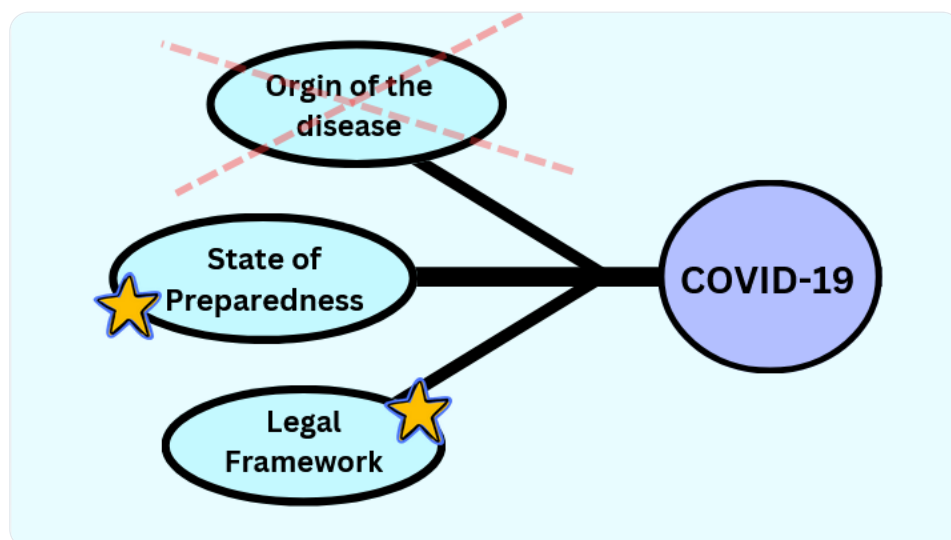
Sep 21, 2024 · 12 tweets · [dezzie_rezzie/status/1837564912089825642](#)

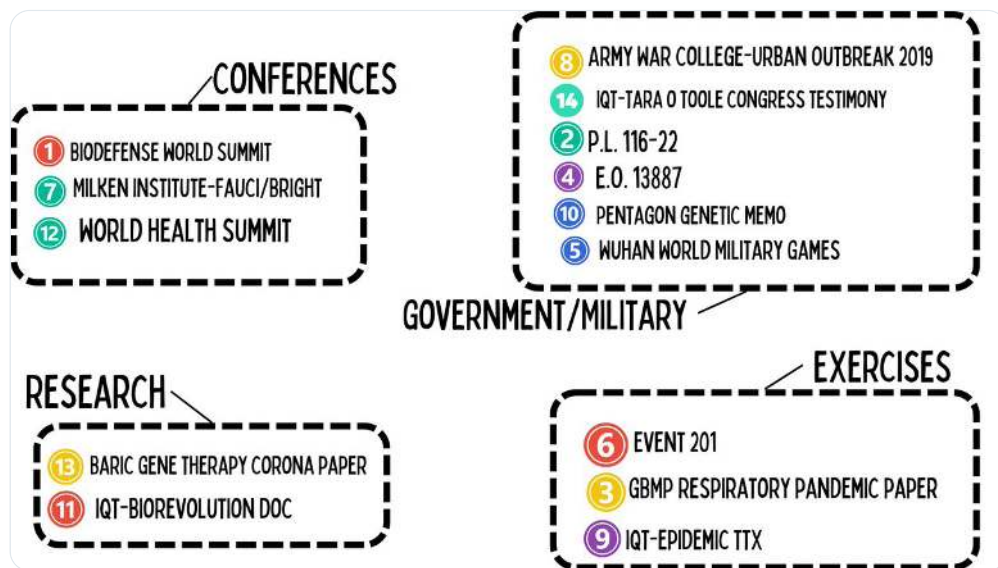
1 📖 Can we take just a second to look at 15 different COVID-19 related events that happened in 2019 before the global pandemic emerged?



2 These 15 events are not all-inclusive, but I have filed them down into 4 categories: conferences, research, government/military & exercises of which I consider to be the most relevant to the pandemic.

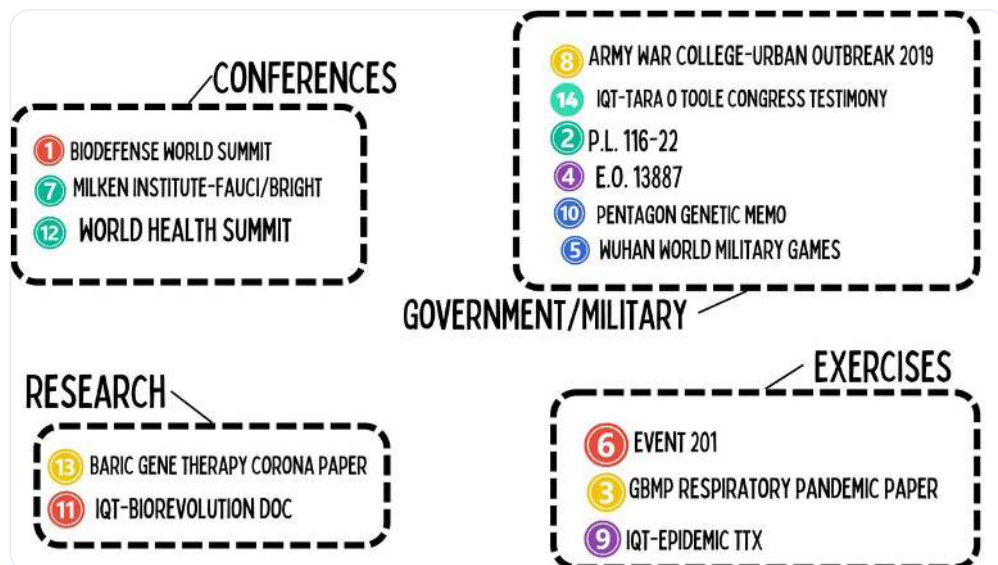
Covid-19 is often discussed in terms of the response, but let's look at C19 as the response to other things i.e, these 15 events. 📌





3 Things had to lead up to C19; What laws allowed for the C19 response? What did we have at our disposal to address C19? Where did C19 originate?

This time we will dismiss the origins & focus on our level of preparedness and legal standing. We can tackle the smallest subgroup, Research, first and make our way to the largest, Military/Government.



2019 Events

1. **Biodefense World Summit** is held in Maryland, attended by IQT, USDA, DHS, USAMRIID, WRAIR, Chinese Military Blodense, US Army, JPEO, NSF, Johns Hopkins, etc. **June 17-19th 2019**
2. **P.L. 116-22**: This is the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019, enacted on **June 24, 2019**.
3. The Global Preparedness Monitoring Board commissions a paper pandemic scenario in conjunction with Johns Hopkins in **September 19, 2019**, *Preparedness for a high-impact respiratory pathogen pandemic*.
4. **ON THE SAME DAY, E.O 13887** is signed into law: Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health, section 301 of title 3, USC, **September 19, 2019**,
5. **Wuhan Military Games: October 18-27, 2019**. Participants 9,308 athletes from over 140 countries
6. **Event 201**, coronavirus pandemic exercise is hosted by Johns Hopkins, BMGF & the WEF. **Oct. 18 2019**
7. **Fauci & Bright** speak at the **Milken Institute** and avidly push to abandon egg based vaccines, and promote the idea of a cold from China, and new platforms to address the "disruption" **Oct 28-30, 2019**
8. **Army War College** Conducts the pandemic exercise, **Urban Outbreak 2019, October 31, 2019**
9. **IN-Q-TEL** W/Johns Hopkins conducts **TTX**, "LEVERAGING DIGITAL HEALTH TECHNOLOGIES DURING LARGE SCALE EPIDEMICS" **DECEMBER 05, 2019**.
10. **Pentagon** sends out a memo to service members warning them against Direct to Consumer genetics tests, **Dec. 20, 2019**
11. **In-Q-Tel** hosts ttx/white paper "Delivering the Biorevolution" w/ B.Next, Army, Darpa, Johns Hopkins. **November 5, 2019**.
12. **World Health Summit**-MOU was signed between WHO and Charite - **October 27-29th 2019**
13. **Ralph Baric** writes a paper suggesting **Gene Therapies** for treating coronaviruses- **November 11, 2019**
14. **Tara O'Toole [In-Q-Tel/Johns Hopkins]** addresses congress about **U.S. Senate Committee on Armed Services Subcommittee on Emerging Threats and Capabilities: Hearing on Biothreats-November 20, 2019**

- | | |
|--|--|
| 1 BIODEFENSE WORLD SUMMIT | 13 BARIC GENE THERAPY CORONA PAPER |
| 2 P.L. 116-22 | 14 IQT-TARA O TOOLE CONGRESS TESTIMONY |
| 3 GBMP RESPIRATORY PANDEMIC PAPER | |
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| 7 MILKEN INSTITUTE-FAUCI/BRIGHT | |
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| 9 IQT-EPIDEMIC TTX | |
| 10 PENTAGON GENETIC MEMO | |
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| 12 WORLD HEALTH SUMMIT | |

4 Research [11&13]: In spot #11 we have the Nov.5 2019 "Biorevolution" planning document by the CIA's investment arm, In-Q-Tel [IQT.] This document pushes for a "Bio Economy" hinged on the proposed changes in vaccine platforms-namely pushing for mRNA vaccines.

For #13 there is the Nov. 11, 2019 by UNC Chapel Hill & Ralph Baric article, "The Current and Future State of Vaccines, Antivirals and Gene Therapies Against Emerging Coronaviruses" which plead for the development of a "plug-and-play" platform for rapid manufacturing & the potential use of AAV-based gene therapy for in vivo therapeutic antibody delivery against emerging Coronaviruses.

- 1 BIODEFENSE WORLD SUMMIT
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Delivering the biorevolution: a BNext Workshop on cellular delivery technologies

November 5, 2019

Dylan George¹, Tara O'Toole², BNext et al

Summary: This workshop was motivated by BNext's interest in technologies that facilitate timely response to infectious disease outbreaks through the rapid design and manufacture of vaccines against newly emergent pathogens.

A compelling technology for rapid response to an ongoing outbreak is nucleic acid-based vaccines. Nucleic acid-based vaccines are attractive for rapid response because, in theory, DNA or RNA antigens that provoke a protective immune response could be quickly and inexpensively designed, manufactured, and used speedily in the clinic. Big pharma and biotech companies are interested in advancing nucleic acid-based vaccines. Several candidates are in clinical trials, though no nucleic acid-based vaccines have achieved FDA approval. Among the hurdles associated with DNA or RNA-based vaccines are the following:

All Available Cellular Delivery Technologies Have Limitations - Major techniques to deliver the nucleic acid "payload" inside cells have been demonstrated - including electroporation, viral vectors and a variety of lipid nanocarriers - but all are problematic. Electroporation is suitable only for laboratory settings and not feasible in a mass casualty setting. Viral vectors carry the risk of unintentional immune reactions, and the virus carrier can only deliver certain types of payloads. Lipid nanocarriers are arguably the most advanced modality and are the delivery vehicle used in seven of eight ongoing RNA vaccine trials and in gene therapy trials. But they too are disadvantaged by the relatively "fragile" supply chain that is being used primarily for other products.

Manufacturing viruses and lipids is itself a hurdle to be overcome, especially if vaccine were needed in large quantities. For example, the supply chain capacity for GMP-grade lipids is limited, and currently being stretched by demand for the second-generation Shingles vaccine.

Similarly, manufacture of GMP-grade nucleic acid at scale is not currently possible at speed and would probably require 12 months. Making DNA in the U.S. Government's Advanced Development Manufacturing Facilities may make this possible in 6 months. Several biotech companies are working hard to improve de novo DNA synthesis, but we are not yet able to do this at the required scale and time frame. DARPA is starting a program to develop novel approaches for DNA manufacturing at scale too.

Regulatory approval of novel cellular delivery methods requires a time-consuming and costly investment of resources, a fact that creates a rational disincentive to innovate. Nonetheless, successful and safe cellular delivery is a central feature of many of the most promising new drugs, including gene therapies. The commercial stakes involved in these new approaches will likely advance the science of cellular delivery, hopefully to the benefit of nucleic acid-based vaccines.

Conclusions: Advances in delivery modalities other than the current mainstays - existing viral vectors, lipid nanocarriers - should be supported. Supporting alternative DNA synthesis technologies and nimble, efficient biomanufacturing capabilities should be a priority.

¹ Vice President, BNext, IQT

² Executive Vice President, BNext Director, IQT



The Current and Future State of Vaccines, Antivirals and Gene Therapies Against Emerging Coronaviruses

Longping V. Tse¹, Rita M. Meganck², Rachel L. Graham³ and Ralph S. Baric^{1,2*}

¹ Department of Epidemiology, The University of North Carolina at Chapel Hill, Chapel Hill, NC, United States; ² Curriculum in Genetics and Molecular Biology, The University of North Carolina at Chapel Hill, Chapel Hill, NC, United States; ³ Department of Microbiology and Immunology, The University of North Carolina at Chapel Hill, Chapel Hill, NC, United States

Emerging coronaviruses (CoV) are constant global public health threats to society. Multiple ongoing clinical trials for vaccines and antivirals against CoVs showcase the availability of medical interventions to both prevent and treat the future emergence of highly pathogenic CoVs in human. However, given the diverse nature of CoVs and our close interactions with wild, domestic and companion animals, the next epidemic zoonotic CoV could resist the existing vaccines and antivirals developed, which are primarily focused on Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV) and Middle East Respiratory Syndrome Coronavirus (MERS CoV). In late 2019, the novel CoV (SARS-CoV-2) emerged in Wuhan, China, causing global public health concern. In this review, we will summarize the key advancements of current vaccines and antivirals against SARS-CoV and MERS-CoV as well as discuss the challenge and opportunity in the current SARS-CoV-2 crisis. At the end, we advocate the development of a "plug-and-play" platform technologies that could allow quick manufacturing and administration of broad-spectrum countermeasures in an outbreak setting. We will discuss the potential of AAV-based gene therapy technology for in vivo therapeutic antibody delivery to combat SARS-CoV-2 outbreak and the future emergence of severe CoVs.

Keywords: coronavirus (CoV), vaccine, antiviral, adeno-associate virus, passive immunization strategy, MERS and SARS-CoV, 2019 nCoV

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INTRODUCTION

The zoonotic transmission and subsequent adaptation to humans of emerging RNA viruses is a global public health concern. In the 21st century alone, coronaviruses (CoV) have been responsible for two separate epidemics, the severe acute respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS) CoVs (de Wit et al., 2016). In late Dec 2019, a novel SARS-like CoV designated 2019 nCoV emerged in Wuhan China, causing > 60,000 cases and over 1350 deaths in an ongoing epidemic (Hui et al., 2020). Other highly pathogenic threat viruses that have emerged in the 21st century include influenza viruses, Ebola viruses, flaviviruses and paramyxoviruses (Mackenzie and Jeggo, 2013). The high mutation and recombination rate of RNA viruses

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5 Next is Conferences: [1,7 & 12]. #1 is the Biodefense World Summit Jun. 17-19, 2019 in Maryland which was attended by In-Q-Tel, WRAIR, Army, Chinese National Academy of

Military Sciences, etc.

#7 was the Oct 29, 2019 Milken Institute's Health summit, where BARDA's Rick Bright & Dr. Fauci argued for a new vaccine platform, ditching egg based vaccines, and suggested a novel virus from China could disrupt the "system" enough to invoke these changes.

#12 was the World Health Summit Oct. 27, 2019 in Berlin which focused on a digital bio-revolution chaired by Jeremy Farrar, and WHO director Tedros who said that health is "a right that must be realized through political choice."




Biodefense World Summit 2019

June 17, 2019 - June 19, 2019



Cambridge Healthtech Institute's (CHI) [5th Annual Biodefense World Summit 2019](#) is a dynamic conference for the entire biodefense community: technology providers to policy



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6 Next is Exercises [3,6,9,8*] #3 is the Global Preparedness Monitoring Board's [GPMB] tabletop exercise paper co-authored by Johns Hopkins Center for Health Security, "Preparedness for a High-Impact Respiratory Pathogen Pandemic." At the time, Sept. 19, 2019, the chairman of the board for GPMB at the time was Dr. Fauci. The paper's cover page displays a coronavirus & the exercise suggests the possibility of a lab leak.

#6 is the infamous Event 201, on Oct.18, 2019, hosted by Johns Hopkins, the WEF & the Bill & Melinda Gates Foundation [BMGF.] The exercise included 15 "players" playing out a

deadly global coronavirus pandemic. Notable attendees were former CIA director, & current ODNI, Avril Haines & BARDA's Rick Bright.

#9 is the IQT tabletop exercise on Dec 05, 2019 titled "Leveraging digital health technologies during large scale epidemics" which was done under a "not for attribution" basis. Attended by Johns Hopkins advisors, Army which discussed adopting new platforms of vaccination fueled by 5G & machine learning. It also stated the epidemic would have a "spectrum" of illness with some severe and some asymptomatic and suggest self-triage until severely ill.

The screenshot shows the website for the Johns Hopkins Center for Health Security. The header includes the logo and navigation links: WHO WE ARE, OUR WORK, EDUCATION & TRAINING, RESOURCES, and NEWS & MEDIA. Below the header, a banner image shows a group of people in a meeting. Overlaid on the banner is the text 'TABLETOP EXERCISE Event 201' and a description: 'This training tabletop exercise is based on a fictional scenario. The inputs experts used for modeling the potential impact were fictional. It is a teaching and training resource for public health and government officials.' Below the banner, there is a paragraph about the exercise, a link to a statement about nCoV, and a sidebar with links to About, Players, Recommendations, Resources, Videos, Photos, Media, and Contact.

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Health Security

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IN THIS SECTION | HOME | OUR WORK | TABLETOP EXERCISES | EVENT 201

TABLETOP EXERCISE
Event 201

This training tabletop exercise is based on a fictional scenario. The inputs experts used for modeling the potential impact were fictional. It is a teaching and training resource for public health and government officials.

The Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation hosted Event 201, a high-level pandemic exercise on October 18, 2019, in New York, NY. The exercise illustrated areas where public/private partnerships will be necessary during the response to a severe pandemic in order to diminish large-scale economic and societal consequences.

[Statement about nCoV and our pandemic exercise](#)

In recent years, the world has seen a growing number of epidemic events, amounting to approximately 200 events annually. These events are increasing, and they are disruptive to health, economies, and society. Managing these events already strains global capacity, even absent a pandemic threat. Experts agree that it is only a matter of time before one of these epidemics becomes global—a pandemic with potentially catastrophic consequences. A severe pandemic,

→ About
→ Players
→ Recommendations
→ Resources
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→ Contact

ROUNDTABLE REPORT – LEVERAGING DIGITAL HEALTH TECHNOLOGIES DURING LARGE-SCALE EPIDEMICS

December 2019

Introduction

The capabilities required to manage a large-scale epidemic are multifaceted, complex and range across a number of critical domains – the ability to detect and recognize the presence of disease in the community; the capacity to design, manufacture and deliver life-saving medical countermeasures, including therapeutics and vaccine; and the process by which healthcare services can be delivered to the population-in-need in a scalable fashion that maintains the highest possible standard of care.

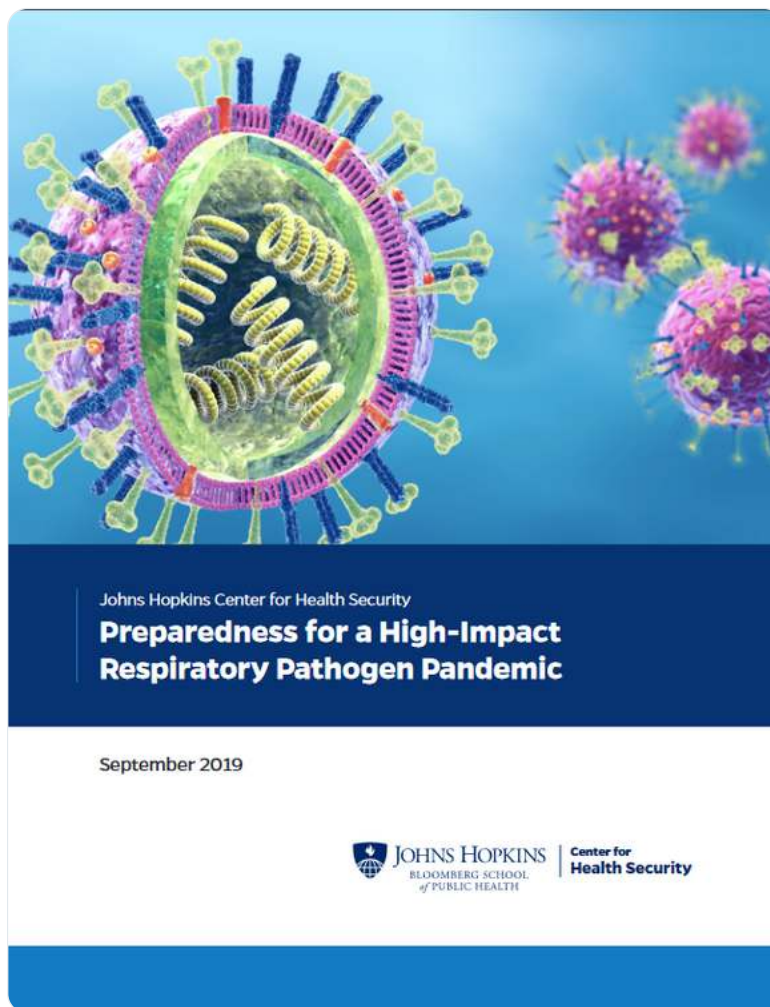
Background

In-Q-Tel/B.Next convened a Roundtable meeting, held on December 5, 2019 in Arlington, VA to explore the role digital health technologies can play to support the response to large infectious disease outbreaks. Roundtable participants included experts drawn from several United States (U.S.) Government agencies, academia, private-sector technology companies and members of the In-Q-Tel and B.Next team. The discussion took place over a single day. There were two invited presentations, and the meeting was conducted on a not-for-attribution basis.

This Roundtable discussion was the first of a series of meetings which intend to explore how digital health technologies might be applied to epidemic management. This meeting was focused expressly on two broad themes – the role enabling technologies can play in allowing the population to initiate self-triage, and how such technologies might aid in preserving the integrity of hospital services over the course of an extended outbreak event. Subsequent Roundtable discussions in this series will explore the potential of these technological platforms to help provide appropriate medical treatment in an austere environment where resources are scarce. We will also examine how digital health technologies might enable the collection, analysis and coordination of data in order to provide essential situational awareness, thereby facilitating the creation of a “learning healthcare system” in the midst of an epidemic crisis.

Overview of Topics: *Digital Health tools will be critical to managing epidemic events.*

The potential roles that digital health technologies might serve during an epidemic requires an understanding of the likely adoption rate, capabilities, and limitations of such technologies. The rationale for this approach is based upon three key points. The first is that healthcare service delivery is currently undergoing a fundamental shift toward the increasing adoption of digital health tools. Changes in the marketplace are driving rapid changes in healthcare service delivery. These forces include the need to reduce costs and respond to patient demands for more efficient access to care. The second is that the platforms that support digital health tools – namely the adoption of the smartphone with its consumer facing applications, along with the extension of broadband internet connectivity – are widely available in the U.S. This facilitates the ability to exchange meaningful and timely health-related



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| 12 WORLD HEALTH SUMMIT | |

7 Now, #'s 8 & 5 could technically be both Exercises & Government/Military: #5 is the Military World Games, held in Wuhan, China October 18-27, 2019. Attended by 9,308 athletes from 140+ countries. The U.S. delegation included 280 athletes + staff across 17

teams.

#8 is the US Army War College's ttx called "Urban Outbreak 2019" which played out a hypothetical emerging disease. The game, Oct 30-31, 2019 was co-created w/help from Johns Hopkins.

URBAN OUTBREAK 2019

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Urban Outbreak 2019 Pandemic Response: Select Research & Game Findings

Benjamin Davies, Kaitlin Rainwater Lovett, Brittany Card, and David Polatty

This document is a summary of 16 key research and game findings focused specifically on the characteristics of civil-military response to a pandemic scenario. The numbered bullets below correspond to more detailed explanations of findings presented later in the document. While these findings are in no way definitive or complete, they are a sampling of relevant guidance based on research, gaming and expert opinion. It is our hope that these 16 findings will contribute to improving civilian and military effectiveness in humanitarian assistance and disaster response operations

An official website of the United States government [Here's how you know.](#)

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8 Last but not least, Gov/Military [2,4,10,14]. #2 is Public Law 116-22 the Pandemic & All-Hazards Preparedness & Advancing Innovation Act of 2019 (PAHPAIA) enacted on June 24, 2019. The bill authorized \$7 billion over five years & structured the PHEMCE [pandemic medical countermeasure enterprise] allowing for the first time, the ODNI to be a member [Avril Haines].

#4 was Executive Order 13887, "Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health" signed by President Trump on Sept. 19, 2019 that aimed to reduce our reliance on egg-based vaccine production, shifting the flu response to a matter of national security, w/the set a goal of being better prepared for the next influenza pandemic within 5 years.

#10 was the Pentagon's Dec. 20, 2019 memo telling service members not to partake in Direct to Consumer Genetic Test Kits, as a matter of National Security because of the risk of genetic information being used against the US.

#14 was the testimony by Dr. Tara O'Toole to the U.S. Senate Armed Services Committee on Emerging Threats & Capabilities Hearing on Biothreats dated November 20, 2019 where O'Toole [Johns Hopkins Advisor & VP of IQT] urgently warned the Senate of potential existential threats from engineered bioweapons & advocated aggressively to develop new technologies for biodefense led by the DoD.

Testimony of Tara O'Toole, MD, MPH
Executive Vice President, In-Q-Tel

U.S. Senate Committee on Armed Services
Subcommittee on Emerging Threats and Capabilities
Hearing on Biothreats

November 20, 2019

Good afternoon, Chairman Ernst, Ranking Member Peters, and distinguished members of the Subcommittee. Thank you for the opportunity to appear before you today to discuss how the Department of Defense can help counter the potential biological threats facing Americans.

I have worked as a practicing physician, but much of my career has been spent in academia and government. I was a program manager at the Congressional Office of Technology Assessment, served as Assistant Secretary of Energy, and founded and led the Johns Hopkins and University of Pittsburgh biodefense centers from 1999-2009. I served five years as Under Secretary of Homeland Security for Science and Technology, where I oversaw the National Biodefense Analysis and Countermeasures Center and supported the creation of a new National Bio and Agro-Defense Facility. In 2014, I became executive vice president and senior fellow at In-Q-Tel (IQT), a non-profit investor for nine United States national security agencies, accelerating and shaping commercial startup technologies to advance the national interest.

I appreciate the opportunity to come before you today and commend the Subcommittee for addressing this vital and neglected aspect of national security. I would like to emphasize four points.

First, rapid advances in the life sciences, biotechnology, and artificial intelligence, plus what we know about our adversaries' programs, require a fundamental shift in United States biodefense strategy. New and evolving technologies have enabled a more dangerous and dynamic biothreat landscape than is contemplated in current biodefense policy and programs.

The past decades of biological science have brought us an array of powerful technologies such as DNA sequencing, gene editing, and synthetic biology. These and other advances have caused a revolution in our understanding of, and ability to alter, living organisms. We have learned that biology is essentially programmable: life runs on code. The knowledge and technologies needed to read, write, and edit this code are improving exponentially – faster than Moore's Law. In other words, the code of life, which consists of four different base pairs instead of ones and zeros, is being digitized, and this information is being stored in huge genomic data banks.

These capabilities have and will continue to generate great benefits across a range of industries, such as new approaches to cancer treatment, and extremely efficient ways to



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MEMORANDUM FOR: SEE DISTRIBUTION

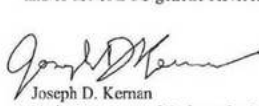
SUBJECT: Direct-to-Consumer Genetic Testing Advisory for Military Members

It has come to the attention of the DoD that some direct-to-consumer (DTC) genetic testing companies are encouraging DoD personnel to purchase genetic ancestry and health information through the offering of military discounts or other incentives. These DTC genetic tests are largely unregulated and could expose personal and genetic information, and potentially create unintended security consequences and increased risk to the joint force and mission.

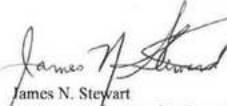
Exposing sensitive genetic information to outside parties poses personal and operational risks to Service members. DTC genetic tests that provide health information have varying levels of validity, and many are not reviewed by the Food and Drug Administration before they are offered, meaning they may be sold without independent analysis to verify the claims of the seller. Possible inaccuracies pose more risk to DoD military personnel than the public due to Service member requirements to disclose medical information that affects readiness (see DoD Instruction 6025.19, "Individual Medical Readiness"). Testing outside the Military Health System is unlikely to include a clear description of this risk.

Moreover, there is increased concern in the scientific community that outside parties are exploiting the use of genetic data for questionable purposes, including mass surveillance and the ability to track individuals without their authorization or awareness.

Until notified otherwise, DoD military personnel are advised to refrain from the purchase and/or use of DTC genetic services.


Joseph D. Kernan

Under Secretary of Defense for Intelligence


James N. Stewart

Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

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DONALD J. TRUMP

45th President of the United States: 2017 - 2021

Executive Order 13887— Modernizing Influenza Vaccines in the United States To Promote National Security and Public Health

September 19, 2019

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 301 of title 3, United States Code, it is hereby ordered as follows:

Section 1. Findings. (a) Influenza viruses are constantly changing as they circulate globally in humans and animals. Relatively minor changes in these viruses cause annual seasonal influenza outbreaks, which result in millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths each year in the United States. Periodically, new influenza A viruses emerge from animals, including birds and pigs, that can spread efficiently and have sustained transmission among humans. This situation is called an influenza pandemic (pandemic). Unlike seasonal influenza, a pandemic has the potential to spread rapidly around the globe, infect higher numbers of people, and cause high rates of illness and death in populations that lack prior immunity. While it is not possible to predict when or how frequently a pandemic may occur, there have been 4 pandemics in the last 100 years. The most devastating pandemic occurred in 1918-1919 and is estimated to have killed more than 50 million people worldwide, including 675,000 Americans.

(b) Vaccination is the most effective defense against influenza. Despite recommendations by the Centers for Disease Control and Prevention (CDC) that

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Public Law 116-22
 116th Congress

An Act

To reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

June 24, 2019
 [S. 1379]

*Be it enacted by the Senate and House of Representatives of
 the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019”.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
 Sec. 2. References in Act.

TITLE I—STRENGTHENING THE NATIONAL HEALTH SECURITY STRATEGY

Sec. 101. National Health Security Strategy.

TITLE II—IMPROVING PREPAREDNESS AND RESPONSE

Sec. 201. Improving benchmarks and standards for preparedness and response.
 Sec. 202. Amendments to preparedness and response programs.
 Sec. 203. Regional health care emergency preparedness and response systems.
 Sec. 204. Military and civilian partnership for trauma readiness.
 Sec. 205. Public health and health care system situational awareness and bio-surveillance capabilities.
 Sec. 206. Strengthening and supporting the public health emergency rapid response fund.
 Sec. 207. Improving all-hazards preparedness and response by public health emergency volunteers.
 Sec. 208. Clarifying State liability law for volunteer health care professionals.
 Sec. 209. Report on adequate national blood supply.
 Sec. 210. Report on the public health preparedness and response capabilities and capacities of hospitals, long-term care facilities, and other health care facilities.

TITLE III—REACHING ALL COMMUNITIES

Sec. 301. Strengthening and assessing the emergency response workforce.
 Sec. 302. Health system infrastructure to improve preparedness and response.
 Sec. 303. Considerations for at-risk individuals.
 Sec. 304. Improving emergency preparedness and response considerations for children.
 Sec. 305. National advisory committee on disasters.
 Sec. 306. Guidance for participation in exercises and drills.

TITLE IV—PRIORITIZING A THREAT-BASED APPROACH

Sec. 401. Assistant Secretary for Preparedness and Response.
 Sec. 402. Public Health Emergency Medical Countermeasures Enterprise.
 Sec. 403. Strategic National Stockpile.
 Sec. 404. Preparing for pandemic influenza, antimicrobial resistance, and other significant threats.

Pandemic and
 All-Hazards
 Preparedness
 and Advancing
 Innovation Act
 of 2019;
 42 USC 201 note.

9 For a bonus, not mentioned event, #15 which was the U.S. Army Medical Research
 Institute of Infectious Diseases (USAMRIID)'s formal announcement on Mar. 28, 2019,
 where for the first time the FDA would allow human use of Ebola drug, Remdesivir, through
 a single animal model aka "Animal Rule" in partnership w/Gilead [maker of the drug]. This
 was later used as one of justificationa for it's "safe" use in C19. 🤔



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Fort Detrick, MD

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USAMRIID Research Provides Regulatory Framework for Developing Ebola Virus Therapeutic under FDA "Animal Rule"

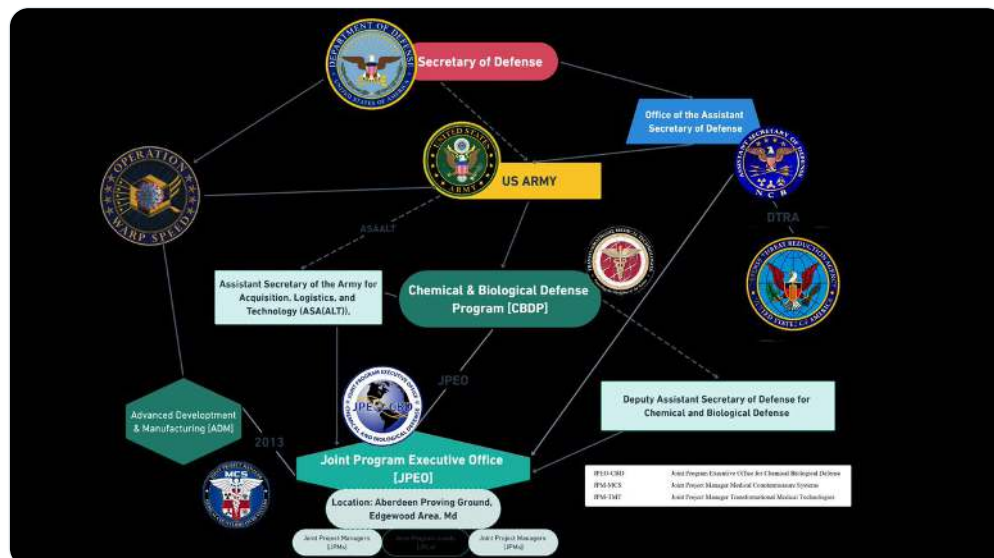
The U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) today announced that, for the first time, the U.S. Food and Drug Administration (FDA) has provided formal regulatory agreement for use of an animal model to support development of a drug candidate, remdesivir, for treating deadly Ebola virus (EBOV) infections. This agreement was made possible through a 2018 Natural History Study (NHS) of Ebola virus conducted by USAMRIID in close collaboration with Gilead Sciences, Inc., the sponsor of remdesivir development, and The Geneva Foundation (Geneva), and funded by the Joint Project Manager for Medical Countermeasure Systems (JPM-MCS), a component of the U.S. Department of Defense's Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense.

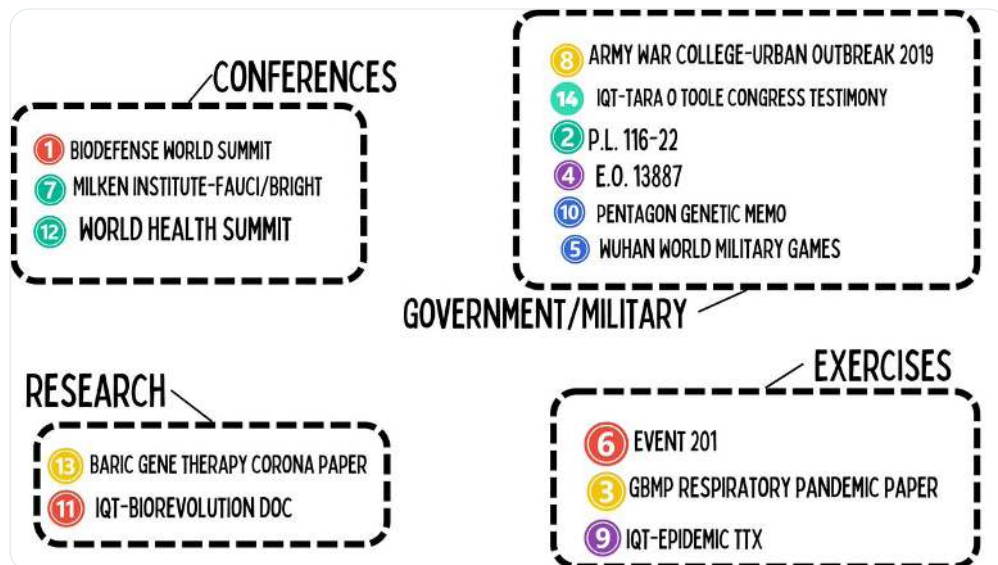
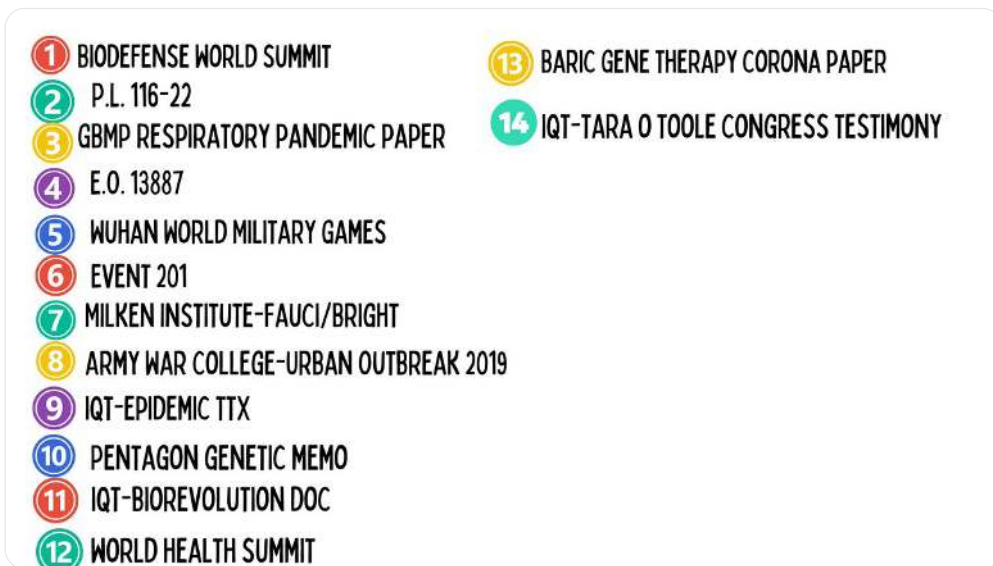
Specifically, FDA agreed that the rhesus macaque, infected by intramuscular (IM) injection, is a relevant and adequately characterized model of Ebola virus disease to support filing under the FDA Animal Rule. In addition, the agency agreed that the rhesus IM/EBOV disease model is sufficient as a single animal model for therapeutic product development. Notably, FDA also agreed that a specific delayed time-to-treat approach is appropriate for future nonclinical studies aimed at characterizing the efficacy of remdesivir.

Sponsors must demonstrate efficacy before a medical product can be approved by the FDA; however, for certain products, when obtaining efficacy data from human patients is not ethical or feasible, the FDA may grant approval under the Animal Rule. Such approval would be based on efficacy data from well-controlled studies in adequately characterized animal model(s), when the results of those studies establish that the drug candidate is reasonably likely to produce clinical benefit in humans. The sponsor must still demonstrate the product's safety in humans.

"For years, development of Ebola virus medical countermeasures has been subject to regulatory uncertainties regarding which models, if any, would be acceptable to the FDA as a foundation for evaluating efficacy under the Animal Rule," said COL Gary Wheeler, USAMRIID commander. "The study design and data-quality posture USAMRIID adopted for the Ebola virus NHS sets a precedent that has the potential to be useful for medical countermeasure development efforts targeting other similar human pathogens, such as Marburg or Sudan viruses."

USAMRIID and Gilead Sciences, Inc. worked in close partnership to develop the study plan for conducting the IM/EBOV NHS in rhesus monkeys, analyze the study outcome and submit data to the FDA. A team of over 100 USAMRIID and Geneva personnel, representing the divisions of Molecular and Translational





10 What is the importance of these 15 separate events that spanned the 9 months leading up to the emergence of Covid-19? According to the government, there is no importance to any of it. It is merely coincidence. 🤔

However, if you ask me I'd say that its awfully "convenient" that in the 9 mo's leading up to C19 there was; the call for a never before used mRNA platform was pushed by the IC & public health officials, the one leader from the intelligence community [IC] that was legally added to the pandemic medical countermeasure enterprise just so happened to be the only representative of the IC that was a "player" in Event 201, and that same person [Avril Haines] was in charge of the investigation into the origins of C19. Haines, btw is a Johns Hopkins alumni, & is former Director for CIA under Obama which crafted the Pandemic Playbook given to Trump & don't forget that IQT is the investment arm of the CIA, which that same group created the company Resilience, which made the C19 vaccines for Moderna.

So, was Covid-19 a Global Pandemic, or a Globalist Plandemic? 🙄

Now you have the information, I trust you to make that determination for yourself. ☐



[Sources will be in comments! Thank you & God Bless]

Receipts-Read em & weep 🙏

| Public Private Profiteers- C19 : Destiny Rezendes : Free Download, Borrow, and Streaming : Internet Archive
| World_Health_Summit_-_Program_2019.pdf
| 2019 - World Health Summit
| Microsoft Word - Dr Tara O'Toole Written Statement to Senate Subcommittee on Emerging Threats and Capabilities for Testimony on - O'Toole_11-20-19.pdf
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| Preparedness for a High-Impact Respiratory Pathogen Pandemic - 190918-gmpbreport-respiratorypathogen.pdf
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Public Private Profiteers- C19 : Destiny Rezendes : Free Download, Bo...

Public Private Profiteers- C19 Research- Focusing on the years leading up to the pandemic & cataloging the related events.

https://archive.org/details/tinywow_PPP19_65160066

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